

## Psychology Internship Program



Chillicothe VAMC  
17273 State Route 104 (116A)  
Chillicothe, OH 45601  
(740) 773-1141  
<http://www.chillicothe.va.gov/>

**General Psychology Match Number: 220411**  
**Applications Due: November 7, 2016**

### *Accreditation Status*

The doctoral internship at the Chillicothe Veteran Affairs Medical Center is accredited on contingency by the Commission on Accreditation of the American Psychological Association.

\*Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002-4242  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)  
TDD/TTY: (202) 336-6123

### *Application & Selection Procedures*

#### **Criteria for acceptance into the program**

1. Students must demonstrate completion of at least three years of graduate course work
2. Must have a minimum of **50 direct contact** hours in assessment
3. Must have a minimum of **450 direct contact** hours in intervention
4. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
5. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.

6. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
7. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
8. Doctoral student in good standing at an American Psychological Association (APA)- or Canadian Psychological Association (CPA) -accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
9. The university advisor or director of training must verify that he or she approves and recommends that the student receive an internship at this facility as specified on the APPIC “Academic Program’s Verification of Internship Eligibility and Readiness” form.

Only 52-week (2080 hour) full-time internships are available.

### **Application Process**

*To apply, applicants should send us the following via the on-line application system (APPIC):*

1. The APPIC Application for Psychology Internship (AAPI)
2. A copy of your curriculum vitae
3. A transcript of your graduate courses
4. Three letters of recommendation from individuals who are acquainted with your academic performance and/or training experience.
5. Please specify in your cover letter the **two major rotations** and **one minor rotation** you are most interested. Then please specify your interest in **one alternate major rotation** and **one alternate minor rotation**. This is not an official rotation selection. Rotation selection will not be solely determined by preference. Training needs and supervisor availability also determine rotation assignment. The information will be used to set up interviews with the appropriate supervisors whenever possible.

**Please contact one of the Training Directors with any questions.**

**Jennifer Lemkuil Ph.D.**  
**Chillicothe VAMC**  
**740-773-1141 ext 7736**  
**Jennifer.Lemkuil@va.gov**

**Stephen J. Owens, Ph.D., ABPP**  
**Chillicothe VAMC, Athens CBOC**  
**740-773-1141 ext 1514**  
**Stephen.Owens@va.gov**

### **Candidate Interviews**

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail by **December 16, 2016** concerning whether or not they have been invited for an interview. We regard interviews as a two-way process: a chance for us to learn more about you, and an opportunity for you to get a better understanding of our program. For those who are invited for an interview and are unable to visit our program in person, we will be happy to conduct an interview by telephone. An in-person interview is not required to match with our program. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

### **Match Process**

We will follow the match policies established by APPIC. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services. ***The Chillicothe VAMC Match Number is 220411.***

### ***Psychology Setting***

Two Thousand and Seventeen will be the sixth year for psychology internship training at the Chillicothe VAMC.



There are over 20 psychologists who provide comprehensive services to patients and their families throughout the Medical Center. They serve as members of multidisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical areas, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in training. There is a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact.

### ***Training Model and Program Philosophy***

The primary goal of the Psychology Internship program is to expand upon academic graduate studies with the knowledge and skills of evidence-based clinical practice as a psychologist. Our goal is to prepare Interns for entry level or postdoctoral positions in the field of professional psychology with particular emphasis on practice, as it relates to both the public and private sector, rural medical and mental health settings. To this end, we emphasize the development of intermediate to advanced skills in the profession wide competencies of psychology, in addition to facilitating further development of relative expertise in an area of emphasis (e.g., PTSD, Serious Mental Illness).

The Psychology Internship has a focus on rural psychology with an Appalachian Veteran population. Interns will be expected to become knowledgeable of the specific challenges and health disparities to which Appalachian Veterans are vulnerable. Additionally, Interns will be expected to develop behavioral competency for culturally-sensitive delivery of services to rural Appalachian Veterans.

Our training program's philosophy for the education and training of doctoral psychology Interns is best characterized as a practitioner-scholar model. Students are taught to use science in the service of clinical practice. This is a process that guides all decisions regarding training objectives. The psychology staff views the development of knowledge and skills related to evidence-based treatments as critical to competence in professional practice, and actively guide students through the process of incorporating evidence-based practices into their clinical work across rotations and through didactic experiences.

### ***Training Schedule and Rotations***

Between Match Day and the start of the internship, Interns communicate with the Training Directors their desired training schedule for the entire year. Interns will rate their preferences for two major and one minor rotation. The training committee will review availability of rotations, the Interns' past experiences and their training goals, and determine the Interns rotations for the year. Major rotations are six months. The Intern will participate in the minor rotation for the full year of the internship. Interns will spend about twenty hours per week in the major rotation and eight hours per week in their minor rotation. The remainder of the work week will be divided between supervision and didactics. Interns are expected to spend at least 25% of their work week in provision of direct clinical services.

### **Profession-Wide Competencies**

Our program is organized with the goal of producing graduates with the knowledge and skills necessary to assume a number of different roles as professional psychologists. Subsumed under this overarching goal are the following nine Profession-Wide Competencies, each of which has several specific aims and observable skills.

**1. Research:** At the completion of training, interns will be competent in Strategies of Scholarly Inquiry

**Aims for Competency 1:** Our Psychology Internship program will:

1. Train clinicians who recognize the importance of empirically supported practice.
2. Train clinicians who incorporate empirical evidence related to treatment into practice.
3. Train clinicians who are skilled at exploring, evaluating, and referencing clinical research.
4. Train clinicians who have an understanding of program evaluation.

**Observable skills for Competency 1:**

1. Is able to effectively summarize relevant literature in journal clubs and professional talks.
2. Completes scholarly activities of professional quality in local or national outlets (e.g., seminar presentations, professional conferences).
3. Effectively contributes to one or more program evaluation activities.

**2. Ethical and Legal Standards:** At the completion of training, interns will be competent in Ethical and legal practices.

**Aims for Competency 2:** Our psychology Internship program will:

1. Train providers whose practice is consistent with current APA ethics code.
2. Train providers whose practice is consistent with VA policies and standards.
3. Train providers whose practice is consistent with current standards of Legal Practice as it relates to the provision of psychological services in Ohio.

**Observable skills for Competency 2:**

1. Performs informed consent and explains limits of confidentiality.
2. Demonstrates awareness of and adherence to APA ethics related to:
  - i. Assessment and diagnosis.
  - ii. Consultation.
  - iii. Program Evaluation.
  - iv. Supervision.
  - v. Research.
  - vi. Behavioral standards.
3. Demonstrates awareness of and adherence to VA policies and standards related to:
  - i. Assessment and diagnosis.
  - ii. Consultation.
  - iii. Program Evaluation.
  - iv. Supervision.
  - v. Research.
  - vi. Behavioral standards.
4. Demonstrates awareness of and adherence to Ohio state laws that **Laws and Rules Governing the Practice of Psychology:**
  - a. Assessment and diagnosis.
  - b. Consultation.
  - c. Program Evaluation.
  - d. Supervision.
  - e. Research.
  - f. Behavioral standards.

**3. Individual and Cultural diversity:** At the completion of training, interns will be competent in Cultural and Individual Diversity.

**Aims for Competency 3:** Our Psychology Internship program will:

1. Train clinicians who incorporate an understanding of issues of diversity into their practices.
2. Train clinicians that are competent to work with Veteran populations.
3. Train clinicians that are competent to work with rural populations.

**Observable skills for Competency 3:**

1. Is sensitive to issues of diversity when conducting assessments, during interpretation, and when providing feedback.
2. Demonstrates awareness of issues of diversity in research.
3. Is sensitive to issues of diversity when providing group/individual psychotherapy.
4. Is sensitive to issues of diversity in clinical consultations.
5. Is sensitive to issues of diversity in supervision.
6. Is sensitive to issues of diversity in case conceptualization.

**4. Professional Values, attitudes, and behaviors:** At the completion of training, interns will be competent in demonstrating a Professional Demeanor.

**Aims for Competency 4:** Our Psychology Internship program will:

1. Train clinicians who treat others with respect.
2. Train clinicians who exhibit professionalism in their work relationships.
3. Train clinicians who exhibit consistent responsibility and dependability at work.

**Observable skills for Competency 4:**

1. Presents a professional appearance and demeanor.
2. Shows a positive professional attitude towards assignment.
3. Takes on responsibilities appropriately.
4. Exhibits dependability.
5. Shows good judgment.
6. Demonstrates timeliness of written material.
7. Demonstrates self-direction in work.
8. Responds professionally and effectively to feedback from peers.

**5. Communication and interpersonal skill:** At the completion of training, interns will be competent in demonstrating effective and professional communication and interpersonal skill:

**Aims for Competency 5:** Our Psychology Internship program will:

1. Train clinicians who communicate clearly and effectively.
2. Train clinicians who have effective interpersonal skill.

**Observable skills for Competency 5:**

1. Develops good relationships with other professionals.
2. Develops good relationships with peers.

3. Develops good relationships with patients.
4. Demonstrates clear and direct oral presentation.
5. Demonstrates clear and direct written presentation.

**6. Assessment:** At the completion of training, Interns will be competent in Theories and Methods of Assessment and Diagnosis.

**Aims for Competency 6:** Our Psychology Internship program will:

1. Train clinicians who are competent at using the clinical interview as an assessment tool.
2. Train clinicians who are competent in the administration and interpretation of psychological testing measures.
3. Train clinicians who are competent in the administration and interpretation of personality assessment measures.
4. Train clinicians who are competent in integrating interview and assessment findings into diagnosis and treatment recommendations.
5. Train clinicians who incorporate empirical evidence related to assessment into practice.
6. Train clinicians who are effective in providing accurate feedback to clients.

**Observable skills for Competency 6:**

1. Demonstrates diagnostic interviewing skills including the capacity to make a differential diagnosis.
2. Selects appropriate assessment/evaluation tools.
3. Administers measures appropriately.
4. Accurately and thoroughly interprets psychological tests and evaluation data.
5. Reviews and integrates medical record information into interpretation, diagnosis, recommendations.
6. Writes integrated assessment reports.
7. Integrates relevant scientific literature into interpretation/impression.

**7. Intervention:** At the completion of training, Interns will be competent in Theories and Methods of Effective Intervention.

**Aims for Competency 7:** Our Psychology Internship program will:

1. Train clinicians who are competent at case conceptualization.
2. Train clinicians who are competent at risk assessment.
3. Train clinicians who are competent at developing and implementing treatment plans.
4. Train clinicians who are competent at individual psychotherapy.
5. Train clinicians who are competent at group psychotherapy.
6. Train clinicians who adhere to evidenced based standardized protocols when available and relevant.

**Observable skills for Competency 7:**

1. Integrates bio/psycho/social data from patient, medical record, and

- knowledgeable informants into case conceptualization.
- 2. Performs risk assessments consistent with standards of practice.
- 3. Establishes and documents goal of treatment interventions or consultation (i.e., treatment plans).
- 4. Develops and maintains a good working relationship with patients.
- 5. Uses appropriate interventions.
- 6. Effectively applies empirically supported treatments within clinical work.
- 7. Demonstrates a working understanding of process issues in clinical work.
- 8. Effectively accomplishes termination of therapy.
- 9. Maintains professional boundaries.
- 10. Manages caseload well.

**8. Supervision.** At the completion of training, interns will be competent in Theories and/or Methods of Supervision.

**Aims for Competency 8:** Our Psychology Internship program will:

- 1. Train clinicians who are knowledgeable of supervision practices.
- 2. Train clinicians who are skilled at explaining psychologist principles.
- 3. Train clinicians who are skilled in guiding less seasoned professionals in developing clinical skills and professional identity.

**Observable skills for Competency 8:**

- 1. Effectively works with other treatment providers whom they are providing consultation.
- 2. Establishes clear goals, objectives, and agendas for supervision.
- 3. Seeks consultation as needed to guide teaching and supervision.
- 4. Responds professionally and effectively to feedback from supervisors.

**9. Consultation and interprofessional/interdisciplinary skills.** At the completion of training, Interns will be competent in Theories and/or Methods of Consultation and interdisciplinary collaboration.

**Aims for Competency 9:** Our Psychology Internship program will:

- 1. Train clinicians who are skilled at consultation with a variety of allied health professionals.
- 2. Train clinicians who communicate effectively about psychological principles with other allied health professions.
- 3. Train clinicians who collaborate respectfully in interdisciplinary treatment planning.
- 4. Train clinicians who have effective presentation skills to address diverse audiences.

**Observable skills for Competency 9:**

- 1. Develops and maintains a good working relationship with the parties involved in consultation efforts.
- 2. Effectively works with other treatment providers.



3. Demonstrates confidence in relaying information to members of other disciplines.
4. Seeks consultation as needed to guide teaching, consultation, and presentations.

### ***Program Structure***

Each Intern will be expected to complete 2 Major rotations and 1 Minor rotation. Major rotations require 20 hours per week and are 6 months in duration. Minor rotations require 8 hours per week and are 12 months in duration. Major rotations are offered in the following areas: 1) PTSD Clinic, 2) Outpatient Mental Health Clinic, 3) Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP), 4) Psychosocial Rehabilitation (locally named Veterans Transition and Empowerment Center, VTEC), 5) Community Living Center, and 6) Primary Care Mental Health Integration (PCMHI). Minor Rotations are offered in 1) the Athens Community Based Outpatient Clinic, 2) Substance Use Disorders/PTSD, 3) PTSD Clinic, 4) Lancaster Outpatient Telehealth, 5) Outpatient Mental Health Clinic, and 6) neuropsychology.

Interns should strive to achieve a balance of therapy and assessment experiences. Therefore, each Intern has the option of carrying additional outpatient psychotherapy cases if their major rotations do not include much therapy exposure, or to pursue additional assessment cases if their major rotations are primarily therapy. These additional experiences will be developed as needed through collaboration with the Intern.

Each Intern will be expected to successfully demonstrate competency in comprehensive assessment. This consists of two major components. First, interns must demonstrate satisfactory completion of a Compensation and Pension (C&P) evaluation early in the year as an initial evaluation of intern assessment skills. Additionally, interns must complete a minimum of two comprehensive assessments per rotation -- for 6 total comprehensive assessments. Each assessment must be rated as satisfactory by the supervising psychologist in order to meet this criterion. Comprehensive assessments include personality, cognitive, and/or psychiatric assessment. These assessments may include C&P evaluations, inpatient psychiatry referrals, outpatient mental health referrals, or they may be assigned by any major or minor rotation supervisor. This evaluation will include complete psychosocial diagnostic evaluation including a variety of psychometric instruments.

Interns should expect to receive training in both individual and group psychotherapy. Interns will have the opportunity to co-lead certain groups with staff from a variety of disciplines including social work, nursing, psychiatry, and pharmacy. In addition to therapy groups, Interns will also have the opportunity to participate in a number of psychoeducational groups. Individual therapy experiences are available on all rotations.

Interns will be expected to become active members of interprofessional treatment teams on most rotations. They will attend staff meetings and collaborate on treatment teams with professionals from a variety of disciplines. For example, Interns would receive opportunities on the Psychosocial Residential Rehabilitation Treatment Program to

partner with a multidisciplinary treatment team (physician, clinical pharmacist, psychologists, social worker, chaplain, recreational therapist, nursing staff) to identify and address goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration. It is expected Interns involvement on multidisciplinary teams will transition from initially being a consumer of interdisciplinary information to that of active consultant to other disciplines in regards to the mental health components of Veterans' care.

### ***Training Experiences***

Below are descriptions of the rotations currently available for psychology interns at the Chillicothe VAMC. The rotations are divided into Major and Minor rotations.

## **MAJOR ROTATIONS**

### **Posttraumatic Stress Disorder Clinical Team (PCT)**

**Supervisors: Carrie Robinson, Ph.D.**

The PTSD Clinical Team is an outpatient clinic that treats Post Traumatic Stress Disorder resulting from military trauma (i.e., military sexual trauma, combat trauma, training accidents) with empirically supported treatments. Veterans receiving treatment include both males and females from all eras of service. The PTSD clinic will provide an intern an opportunity to learn from an interdisciplinary team that includes psychologists, peer support specialists, and a board certified psychiatrist. Interns would have opportunities to attend staff meetings, perform assessments, and conduct group and individual therapies for the treatment of PTSD. The PTSD clinic offers prolonged exposure therapy (individual) and cognitive processing therapy (both individual and group). In addition, imagery rehearsal therapy for nightmares, cognitive behavioral therapy for insomnia, and moving forward: a problem-solving therapy are commonly provided. We also provide education about PTSD (aka "PTSD University") to Veterans and their partners/families. Opportunities selected for interns will be guided by their interests and the clinical care being offered at the time of the rotation. In treating rural Veterans with PTSD, isolation can be one of the most significant obstacles to address in treatment. Interns will learn how to deal with this unique factor as they work with Veterans with PTSD.

### **Mental Health Clinic**

**Supervisors: Randall Wenker, Psy.D. & Jennifer L. Lemkuil, Ph.D.**

The Mental Health Clinic is comprised of a multidisciplinary team of psychologists, nurses, social workers, clinical pharmacy specialists, physician assistants, and psychiatrists that serves a diverse population of psychiatric outpatient Veterans. Interns have the opportunity to conduct assessment, treatment planning, individual therapy, group therapy, and compensation & pension exams (C&Ps).

The majority of Veterans utilizing the Mental Health Clinic are from rural areas. This rotation is designed to enable the Interns to develop competency in the differential diagnosis of psychopathological disorders and to develop and implement individualized treatment plans essential for successful intervention. Interns have the opportunity to work with Veterans experiencing a wide range of problems including anxiety, mood disorders,

adjustment disorders (including adjustment to a variety of medical problems and employment/retirement issues), anger, grief, PTSD, substance abuse, and marital discord.

Therapy occurs individually as well as in the context of groups. Interns choose to participate in groups from the following offerings (the list of groups offered may change in response to increase or decline of needed services): DBT Skills, ACT for Depression, ACT for Anger, CBT-I (CBT for Insomnia), and Pain Management (ACT for Pain). In addition, there may be an opportunity to design and implement a psychotherapy group if the Intern so desires. Interns have the opportunity to lead psychoeducational groups in MOVE, the national weight management program designed by the VA, if interested.

Interns have the opportunity to conduct C&Ps under the close supervision of a staff psychologist. The Intern is expected to work in collaboration with the multidisciplinary team to coordinate client care. The primary emphasis of this rotation draws from cognitive and behavioral approaches to case conceptualization, intervention, and treatment planning. The Intern's own interests and theoretical orientation are incorporated within the context of appropriate client needs. Interns receive training in evidence-based psychotherapeutic treatment.

### **Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**

**Supervisors: Beth Gensner, Psy.D. and Margaret DeHoff, Psy.D**

Interns assigned to this rotation will receive training opportunities on the acute psychiatric unit and PRRTP, both co-ed units with 28 and 25 beds, respectively. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. There are ample opportunities to assess for risk of suicide and homicide, to provide diagnostic clarification, to offer input to the multidisciplinary team regarding readiness for discharge and treatment recommendations, and to initiate brief psychotherapy with Veterans participating in inpatient/residential treatment. Interns will have an opportunity to treat Veterans as they transition from the acute psychiatric unit to a less restrictive hospital environment. This is a unique training opportunity and challenges Interns to adjust their assessment and intervention goals across these different treatment environments. Psychometric testing is utilized as needed in order to effectively address consult requests. Interns will engage in individual and group therapy on both units, and may have an opportunity to see select Veterans for long-term therapy upon their discharge to the community. Interns will have an opportunity to develop/facilitate a group (psychoeducational and/or process-oriented) of their choosing on the units as well.

The primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. Related to this philosophy, Interns will receive training in Social Skills Training, an evidence-based treatment for individuals diagnosed with SMI. While supervised clinical experiences will be rooted in the recovery model, Interns will be challenged to continue to refine their own interests and theoretical orientation.

### **Psychosocial Rehabilitation**

**Supervisors: Nathan Bidlack, Psy.D.**

The Psychosocial Rehabilitation and Recovery Center (PRRC) locally named the Veteran's Transition and Empowerment Center (VTEC), provides a unique opportunity to work with Veterans diagnosed with a Severe Mental Illness (SMI). Criteria for the program include a SMI diagnosis, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorder, and severe PTSD, and a Global Assessment of Functioning (GAF) score under 50. VTEC is a supportive outpatient recovery center that is rooted in the recovery model. There are several groups offered throughout the day, including Illness Management and Recovery and Social Skills Training, an evidence-based treatment for SMI. Each Veteran is assigned a Recovery Coach that serves as their primary contact person within the program. The Recovery Coach works with the Veteran to identify individual recovery goals to help the person improve his or her overall quality of life. VTEC also emphasizes community integration and assists Veterans with identifying and participating in meaningful roles within the community based on individual preference. Veterans who are enrolled in VTEC learn the fundamental principles of psychiatric rehabilitation with an emphasis on developing and achieving individual recovery goals, improved psychosocial functioning, and greater integration in their communities of choice. The VTEC staff work with Veterans to instill hope and utilize strengths to recover from psychiatric problems. Interns involved with this rotation will learn the basic principles of psychosocial rehabilitation, and have the opportunity to complete biopsychosocial assessments, facilitate group psychotherapy, and individual psychotherapy. Interns will be able to learn about the evidenced-based practices for the SMI population, including Social Skills Training, Illness Management and Recovery, and Peer Support. They will also have the opportunity to design their own groups based on Veteran needs and approval from the VTEC team.

### **Community Living Centers**

**Supervisor: Shalagh Frantz, Psy.D.**

Interns selecting this rotation will receive training that includes consultation to other professionals, interdisciplinary collaboration, assessment, and intervention with a diverse population. The Community Living Center (CLC) is home to Veterans who require short or long-term care; some of whom are unable to live independently in the community. The vast majority of these Veterans have complex, overlapping medical and mental health conditions. For example: CLC residents may have multiple chronic medical problems, cognitive impairment/dementia, serious mental illness (SMI), or co-morbid psychiatric and substance abuse issues. In addition, the residents of the CLC are frequently demographically characterized as older adults/elderly, rural, and from low socioeconomic status. Loss of independence and reliance on others for care is often an issue for many older Veterans living on the CLC, particularly for our tenacious and self-reliant rural Veterans. Through collaboration with the interdisciplinary team, interns will have an opportunity to learn how to address these issues in order to help Veterans preserve as much independence as possible while ensuring they are provided with the adequate support services they need upon discharge to promote their safety. Aiding Veterans returning to a rural area with limited community support services can be a particularly daunting task.

Development of case conceptualization skills to inform diagnosis and treatment are emphasized throughout this rotation. Assessment experiences include honing diagnostic interviewing, brief cognitive assessment, lethality/risk assessments, and capacity evaluations. Evidence-based psychotherapy training opportunities include cognitive-behavioral treatment for depression. In the future, this rotation will include training in STAR-VA, which is a behavioral management program designed to assist staff in managing dementia-related behaviors. In addition, interns will also receive training in brief interventions, supportive therapy, facilitation of treatment adherence, effects of psychopharmacology, management of behavior problems, end-of-life therapeutic interventions, stress reduction, mindfulness, caregiver support, grief counseling, and end-of-life therapeutic interventions. Professional development opportunities are abundant as a part of this rotation via participation in several interdisciplinary treatment teams (CLC units, Hospice/Palliative Care) and daily consultation with nursing, social work, and medical staff. Interns will complete this rotation having learning increased flexibility and improved time management skills that are essential for offering psychological services and completing documentation in a medical setting.

### **Primary Care Mental Health Integration (PCMHI)**

**Supervisors: Laura Smith, PhD & Kimberly Wagner, PhD**

The PCMHI team provides support to the Primary Care Patient Aligned Care Teams (PACT) at the Chillicothe VAMC. The PCMHI team consists of a nurse, a clinical pharmacist with specialty focus in psychiatry, a part-time social worker, and two full-time psychologists. A primary function of the team is to provide impromptu consultation and to address “warm handoffs” when requested by the PACT teams – such as to screen for depression, PTSD, at risk alcohol use, insomnia, suicidal ideation, dementia, treatment adherence concerns, etc. The team also offers follow-up services, including standardized symptom-based evaluations of mental health conditions commonly seen in primary care settings, medication management, symptom monitoring, brief behavioral interventions for mild to moderate symptom severity, and referral management for veterans in need of services not provided by PCMHI. Treatment concerns enrolled in behavioral medicine intervention services are limited to those that are anticipated to respond to brief, problem-focused interventions. Session length is limited to 30 minutes, with overall intervention including 5-6 sessions over a 2-3 month period. These limits are necessary to ensure the ample open access time that allows us to function as an integrated component of the PACT teams, as opposed to simply being a traditional mental health clinic that happens to be located in Primary Care. Special attention is given to avoiding booking a full schedule, which would preclude ability for real-time access by PACT clinicians for immediate veteran needs. Trainees can expect to be involved in conducting structured assessments, risk assessment, intakes for brief interventions, and implementing brief interventions, as well as consultation with PCMHI team members and PACT clinicians. Additionally, attempts are made to involve trainees in warm handoffs, at least as observers. Depending on the trainee’s clinical skill, and familiarity with our facility/available services, trainees might progress into the role of conducting warm handoffs. Our program is continuing to evolve, and trainees may also have the opportunity to contribute to program development and expansion. Trainees will work

with veterans from a wide variety of SES and educational backgrounds. Although veterans from across the lifespan access primary care service, the population seen in PCMHI tends to most often fall in the age range of 45-80 years. Many of our veterans reside in rural and/or Appalachian areas. Economic hardship is common in this area. Depressive disorders, trauma history with or without PTSD, anxiety disorders, chronic pain, substance use disorders (past/present), marital stress, insomnia, poverty, hypertension, diabetes, obesity, and COPD comprise some of the most common diagnoses or concerns for our population. Given its prevalence, trainees will inevitably work with veterans with chronic pain. Although not truly fitting within the PCMHI model for brevity, training in the VA-developed CBT-Chronic Pain protocol (a 10-session protocol), may be integrated for those trainees working with Dr. Smith.

### **Pain Psychology**

**Supervisor: Susan B. Young, Ph.D.**

Interns will participate as integrated members of our multidisciplinary pain management team working together to treat chronic pain conditions from a biopsychosocial perspective. Chronic pain can be an extremely disabling condition, and one for which traditional medical interventions are sorely limited. Cognitive, behavioral, and emotional factors are linked with chronic pain in a self-perpetuating cycle. For that reason, psychology plays a prominent role. Interns will be involved in assessment of complex chronic pain from a biopsychosocial perspective, gaining an understanding of related factors such as neuroplasticity and comorbidities such as PTSD, depression, anxiety, interpersonal stressors, and substance use disorders. Interns will gain experience in individual and group treatments for chronic pain, with a special emphasis in evidence-based therapies (CBT, iRest meditation, and possibly Motivational Interviewing). For the most part, such interventions are structured and time-limited. In treating chronic pain, common areas of focus include behavioral activation, pacing of activity, healthy lifestyle choices, cognitive restructuring, stress management, and relaxation and mindfulness skills. The Interdisciplinary Integrative Pain Care Team is a consultative team that consists of professionals from a number of different disciplines within primary care and the pain clinic. This team meets in clinic weekly to assess and make recommendations for intractable and complex cases from primary care providers, as well as meeting administratively to plan coordinated treatment across the VAMC. Interns will have the opportunity to participate in IIPCT at a number of levels, based on experience and comfort level. Interns will also have optional exposure to biofeedback training. Depending on current needs, interns might also have the opportunity to participate in projects such as staff education, designing patient education material, and development and implementation of new programming.

### **Minor Rotations**

Interns will typically spend one day each week working in their minor rotation. Therefore, the training opportunities may depend on which day of the week the Intern spends in the minor rotations. For example, a certain group treatment or team meeting may only occur on a specific day. Interns are encouraged to discuss rotations with potential supervisors to determine if the desired training experience matches the Intern's availability based on his or her major rotation schedule.

### **Neuropsychology**

**Supervisor: Rebecca Resavy, Psy.D**

The Neuropsychology rotation provides Interns with a number of assessment and professional development opportunities. The clinical requirements of the rotation include inpatient and outpatient neuropsychological evaluations. The populations served include Veterans with histories of TBI, concerns for dementia, one or more neuropsychiatric illness, and those diagnosed with a variety of neurological disorders. Educational level and quality of education and their influence on cognitive test performance are unique factors Interns will learn how to incorporate into their assessments of our rural Veteran population.

The training model adheres to the Houston Conference Guidelines on training in neuropsychology. Interns will have the opportunity to participate in weekly neuropsychology specific didactic seminars. Didactics will cover topics ranging from an overview/review of neuroanatomy to the neuropsychological presentations of specific diseases/disorders. Case conceptualization will be enhanced through case presentations, ABCN style fact-finding presentations, and directed readings on topics specific to clinical neuropsychology.

### **Athens Outpatient Clinic**

**Supervisor: Stephen Owens, Ph.D., ABPP**

As an extension of the Chillicothe VAMC, the Athens Community Based Outpatient Clinic (CBOC) provides medical and mental health care to 2000 Veterans. Most of the Veterans served in the Athens clinic reside in rural communities. Mental health services are provided in the context of a primary care clinic; multidisciplinary collaboration occurs regularly. The Athens CBOC mental health team consists of a psychiatrist, psychologist, and social worker. Training will emphasize evidence-based treatments for posttraumatic stress disorder; opportunities include training in both cognitive processing therapy and prolonged exposure in the treatment of posttraumatic stress disorder. In addition to working with Veterans diagnosed with PTSD, Interns will have the opportunity to conduct evidence-based assessment and provide cognitive behavioral interventions related to other diagnoses. Depending on an Intern's interests, Interns could work with clients suffering from a variety of psychopathology. Interns may also have the opportunity to lead/co-lead group treatment for insomnia (CBT-I). Opportunities will also allow for trainees to complete thorough suicide assessments and create safety plans for Veterans who are suicidal but do not require hospitalization. All neuropsychological examinations are completed in Chillicothe, but CBOC trainees will administer the RBANS and mental status examinations.

### **Substance Use Disorder (SUD)/PTSD**

**Supervisor: Kamara McGill, Ph.D. & Lindsay DeMuth, Psy.D.**

SUD/PTSD Interns would help facilitate systematic and comprehensive assessment and diagnosis of posttraumatic stress disorder and substance use disorders in both SUD and PTSD settings. Clinical interviews and formal psychometric assessments are routinely done on these patients. Treatment for patients with both PTSD and SUD can be effectively delivered concurrently. We serve a diverse population with many of our

Veterans being rural and others coming to our area for treatment from nearby larger cities. We work with all types of substance abuse and have a suboxone clinic for opiate dependence. Abuse of opiates and particularly prescription pain medications is a major area of concern in our rural communities; we work to address this issue through our suboxone clinic.

Interns will be trained in motivational interviewing techniques, including Motivational Enhancement Therapy, to address substance use disorders along with PTSD. Interns would co-facilitate Seeking Safety (which was developed specifically for treatment of co-occurring SUD and PTSD and has been shown to be well received by clients). In addition, the Intern would be offered the opportunity to participate in treatment of tobacco use disorders in Veterans with PTSD and other substance use disorders. Interns would participate in a multidisciplinary treatment team (Substance Abuse Treatment Program) and would have individualized opportunities based on his/her interests.

### **Lancaster Outpatient Telehealth**

**Supervisor: Brooke Wright, Psy.D.**

Telehealth is a means to provide care to veterans via video conferencing when veteran and provider are at different locations. Veterans and clinicians are able to see and hear one another in real time, even when in different cities. Clinicians use video conferencing from Community Based Outpatient Clinics (CBOCs) to provide mental health care to veterans in other CBOCs and to their homes. Interns will work from Lancaster CBOC with a psychologist who provides telehealth care to veterans both in their homes and other Chillicothe-based CBOCs. Treatment experiences include working with veterans with a wide array of issues, typical of an outpatient clinic, with a possibility to cater types of cases based on the intern's interests.

**Minors can also be offered in the outpatient mental health clinic and the PTSD rotations. See the description provided under major rotation.**

### ***Supervision***

As described in VHA Handbook 1400.04 (Supervision of Associated Health Trainees), supervision of psychology interns is provided by licensed psychologists who also are privileged providers within the VAMC medical staff organization (professional staff). To a limited degree, qualified practitioners of other disciplines within the medical center may provide supervision to psychology interns. The amount and type of supervision provided by a licensed psychologist must fulfill the requirements set forth by the Guidelines and Principles (G&P) of the APA Commission on Accreditation. For example, a minimum of four hours of supervision must be provided weekly for interns, of which two hours must be regularly scheduled individual supervision.

Each week, Interns can expect to receive at least 3 hours of individual supervision (2 hours per major, and 1 hour per minor rotation), and at least 1 hour of group supervision, at regularly scheduled times. Interns who opt for Cognitive Processing Therapy training will receive an additional 1 hour per week of group consultation. Interns will also find that supervisors are readily available for informal consultation, so actual supervisory



hours will exceed minimum requirements most weeks. Supervisors are immediately accessible during times of emergency, and Interns are expected to seek supervision as soon as a crisis becomes apparent. Interns can expect that supervisors will alert them to an alternative supervisor if the primary supervisor will be inaccessible for a period of time. Style and modes of supervision vary. Videotapes, audiotapes, observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns should expect to be assigned readings and literature reviews as part of their supervision.

All work performed by psychology interns must be supervised. Interns must always be aware of who their supervisor is at any time they are on site. Generally, this will be consistent throughout the year. When a supervisor takes leave, they should notify their interns of the person who will be ‘covering’. **No** clinical work is to be done after hours as there will be no covering psychologist available (this includes phone calls to patients). Finally, in addition to discussing psychotherapy cases, interns must have all consultation reports and progress notes co-signed by a staff psychologist.

Interns may also be provided with “vertical supervision”. Vertical Supervision is supervision provided by an unlicensed psychologist. The unlicensed supervisor must be supervised by a licensed psychologist regarding the supervision of the intern. In all cases, it is ultimately the licensed and privileged supervisor who retains clinical, ethical, and legal responsibility for all supervision and patient care provided by interns. Vertical supervision by more senior psychologist trainees increases the proficiency of unlicensed psychologists developing in the area of supervision and also benefits the intern through the addition of multiple perspectives and additional oversight. Such vertical supervision does not replace the required minimum supervision provided directly to the intern by a licensed practitioner and at no time will be considered a substitute for this requirement.

### *Didactics*

Interns will participate in a series of didactic presentations offered on a weekly basis throughout the year. Taught by staff and consultants, these seminars will be designed to educate Interns about current developments in clinical practice, research, and theory. They will consist of both general and specialized clinical topics that focus on development of clinical knowledge and skills in assessment, psychotherapy, and consultation (e.g., differential diagnosis, evidence-based treatment for PTSD, risk assessment, and homelessness), as well as issues related to the professional practice of psychology (e.g., diversity topics, journal club, cultural competence, ethics, rural health). Some seminars will be presented in a series format in order to provide more comprehensive exposure to topics. Interns will also attend an interdisciplinary weekly didactic series held in conjunction with the Psychiatry and Pharmacy residency programs. There are weekly didactics that focus on neuropsychology and geropsychology topics. Intern input during the year will permit addition of timely topics as training needs emerge. Interns will also attend relevant presentations offered by other services and treatment units such as Grand Rounds. Interns will also have the opportunity to

participate in monthly teleconferences offered by the VA (e.g., PTSD, TBI, MST).

Interns also participate in a monthly journal club, a process improvement/ systems redesign group project, case presentations, several didactic presentations, and on occasion, interns present to audiences outside of the Chillicothe VA.

### ***Requirements for Completion***

It is expected that upon completion of the program all interns will demonstrate competence in the following nine Profession-Wide Competencies:

- A. Research
- B. Ethical and Legal Standards
- C. Individual and Cultural diversity
- D. Professional Values, attitudes, and behaviors
- E. Communication and interpersonal skill
- F. Assessment
- G. Intervention
- H. Supervision
- I. Consultation and interprofessional/interdisciplinary skills

At the beginning of the training year, each intern receives a Psychology Intern Handbook that specifies the required competency elements within each domain, along with the expected levels of performance for an Intern at the end of each quarter. The Intern is rated on a quarterly basis by each of their rotation supervisors on all competency elements that apply to their major and minor rotations.

### ***Facility and Training Resources***

All Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services such entire text databases like EBSCO Host, as well as VA Intranet and Internet resources for clinical work and research.

### ***Administrative Policies and Procedures***

The Chillicothe VAMC's policy on Authorized Leave is consistent with the national standard.

***Holidays and Leave:*** Interns receive the 10 annual federal holidays. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of between 96 and 104 hours of each during the year.

***Due Process:*** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

***Privacy policy:*** We collect no personal information from you when you visit our Website.

***Self-Disclosure:*** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

### ***Training Staff***

**Nathan Bidlack, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2009. Assignment: Coordinator, Veteran's Transition and Empowerment Center (VTEC). Theoretical orientation: Existential and cognitive. Clinical Interests: Severe mental illness and trauma. Teaching and supervision interests: Recovery-based care for SMI, group and individual psychotherapy for SMI. Professional organizations: Division 32: Society for Humanistic Psychology. University Appointment: Wright State University School of Professional Psychology (Clinical Assistant Professor). Also: VA certified provider in Social Skills Training for Severe Mental Illness, Cognitive Processing Therapy for PTSD, and Motivational Interviewing. In my spare time, I practice tae kwon do, play video games and t-ball with my two kids, and cheer on my beloved Cincinnati Bengals and Boston Red Sox.

**Brendan T. Carroll, M.D.** Clinical Assistant Professor of Psychiatry at Ohio University, College of Osteopathic Medicine. Brendan T. Carroll, MD is the Interim Psychiatry Residency Training Director at the Chillicothe VA Medical Center in Chillicothe, Ohio. He graduated from Bishop Ready High School in Columbus, Ohio. After earning his Bachelor of Science degree from St. Joseph's University in Philadelphia, Pennsylvania, Dr. Carroll obtained his medical degree at the Medical College of Ohio, University of Toledo in Toledo, Ohio. He completed his residency in psychiatry at the University of Iowa in Iowa City, Iowa. He is board certified in Psychiatry with additional qualifications in Forensic Psychiatry. He is also a Guest Lecturer for The University of Cincinnati, Institute of Psychiatry and the Law. Dr. Carroll is a member of The World Federation of Biological Psychiatry and The Academy of Clinical Psychiatry. His major publications focus on: catatonia, schizophrenia, major depression, bipolar disorder and neuroleptic malignant syndrome (NMS). He is a consultant to the Neuroleptic Malignant Syndrome Information Service ([www.NMSIS.org](http://www.NMSIS.org)) and has provided information to physicians and clinicians on hundreds of cases of catatonia and NMS. He is the editor for the book *Catatonia on the Consultation-Liaison Service and other Clinical Settings*.

**Margaret DeHoff, Psy.D. (clinical)**, Indiana State University, 2010. Assignment: Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Theoretical orientation: Integrative (primarily Interpersonal & CBT). Clinical interests: personality disorders, trauma, dissociation, interpersonal functioning. Teaching and supervision interests: interpersonal therapy, behavioral family therapy, dynamics of process groups, dissociative disorders, suicide risk assessment, treating suicidal behavior. Professional organizations: Ohio Psychological Association. Also: VA certified provider in Social Skills Training, Behavioral Family Therapy, Motivational Interviewing.

**Lindsay DeMuth, Psy.D. (clinical)**, Nova Southeastern University, 2009. Assignment: Substance Abuse Treatment Program (SATP) Program Manager. Theoretical orientation: Behavioral/Cognitive-Behavioral. Clinical interests: Health psychology, substance use

disorders, weight management, sleep disorders, behavioral medicine, preventative health care, patient centered care, relationship based care. Teaching and supervision interests: motivational interviewing, mindfulness, tobacco treatment, brief evidence based psychotherapy, program development, administration. Also: VA certified in Cognitive Behavioral Therapy for Insomnia (CBT-I), and Moving Forward (Problem Solving Therapy), VA consultant for Moving Forward. My personal interests include traveling and volunteering.

**Shalagh Frantz, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2014. Assignment: Community Living Centers. Theoretical orientation: Eclectic (Feminist, CBT, existential). Clinical interests: geropsychology, cognitive assessment, interdisciplinary consultation/collaboration, and palliative care. Teaching and supervision interests: geropsychology, case conceptualization, topics related to human diversity, and medical ethics. Professional organizations: Ohio Psychological Association. In my spare time, I enjoy hiking, camping, walking with my black Labrador retriever, and traveling to visit my family.

**Beth Gensner, Psy.D. (clinical)**, Spalding University, 2007; Internship: Ancora State Psychiatric Hospital, Rutgers Univ. at Camden (NJ). Assignment: Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PR RTP). Theoretical orientation: Interpersonal, psychodynamic, feminist, recovery-focused. Clinical interests: Severe mental illness, multicultural populations. Teaching and supervision interests: recovery, positive psychology, effective interventions with individuals diagnosed with a severe/persistent mental illness, risk assessment, and topics pertaining to human diversity. VA certified provider in Social Skills Training (SST) for Serious Mental Illness. Crisis/back-up clinician with Scioto Paint Valley Mental Health (Pickaway County Clinic). I am a Columbus, OH native and currently live in Grove City. I spend my free time on the playground circuit with my two young children, and also enjoy weightlifting, road trips, and Netflix.

**Jennifer Lemkuil, Ph.D. (counseling)**, University of Wisconsin- Milwaukee, 2007. Assignment: Training Director and Mental Health Clinic and CBOC Mental Health Services Manager. Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, women's mental health, military sexual trauma, empirically supported therapies for PTSD including Cognitive Processing Therapy and Prolonged Exposure, Imagery Rehearsal Therapy Teaching and supervision interests: PTSD, assessment of PTSD, women's mental health, military sexual trauma, Prolonged Exposure Therapy, sleep and nightmare therapies including Imagery Rehearsal Therapy, Cognitive Processing Therapy, and Trauma Informed Care. VA certified in Cognitive Processing Therapy for PTSD and Prolonged Exposure Therapy. I live in Chillicothe and have two young sons. I am an avid animal lover and have three dogs, one cat, one rabbit, and chickens (although those are loved far more by my partner).

**Kamara McGill, Ph.D. (clinical)**, Washington University, 2005. Assignment: Substance Abuse Treatment Program and Posttraumatic Stress Disorders Treatment Clinic. Theoretical orientation: Cognitive Behavioral. Clinical interests: Health psychology,

PTSD, substance use disorders. Teaching and supervision interests: PTSD and SUD, Seeking Safety, Tobacco Treatment. Also: VA certified in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia, and Moving Forward (using a problem-solving approach to achieve life's goals), VA consultant for Moving Forward. I commute to Chillicothe from Columbus daily. I really enjoy living closer to a large city and working in a more rural, close-knit community. I am married and have kids. I enjoy traveling and spending time with my family.

**Stephen J. Owens, Ph.D. (clinical), ABPP**, Purdue University, 2000. Assignment: Athens CBOC. Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, geropsychology, evidence-based treatments. Teaching and supervision interests: telepsychology, rural mental health. Professional organizations: American Psychological Association (div: 12(2), 18, 20, 56), Ohio Psychological Association. University Appointments: Ohio University (Adjunct). VA certified provider in Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD, and Cognitive Behavioral Therapy for Insomnia. I am Board certified in Clinical Psychology and a Certified Tobacco Treatment Specialist. My family and I have lived in Athens for 16 years and enjoy spending time outdoors. In my personal time, I enjoy restoring and driving classic cars/trucks and playing/building banjos.

**Rebecca Resavy, Psy.D. (clinical)**, American School of Professional Psychology at Argosy University, Washington DC, 2013. Assignment: Neuropsychology. Assessment Orientation: Flexible Battery Approach. Clinical interests: Clinical Neuropsychology. Teaching and supervision interests: inpatient and outpatient clinical neuropsychology and psychological assessment. Professional organizations: American Psychological Association (Divisions 40), International Neuropsychology Society. Personal information: Personal interests include traveling, adventure seeking (e.g., sky diving), comedy, yoga, and volunteering.

**Carrie Robinson, Ph.D. (counseling)**, The Ohio State University, 2007. Assignment: Outpatient Division Manager, Posttraumatic Stress Disorder Clinical Team (PCT) Coordinator. Theoretical orientation: Cognitive Behavioral. Clinical interests: Evidence-based treatments, PTSD. Teaching and supervision interests: Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive Behavioral Conjoint Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia. Professional organizations: American Psychological Association, Ohio Psychological Association, National Register of Health Service Providers in Psychology, Association of VA Psychologist Leaders. Also: Local Evidence Based Treatment Coordinator for facility; VISN 10 Regional Cognitive Processing Therapy Trainer and Consultant. VA certified provider in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, and Cognitive Behavioral Therapy for Insomnia. I have been working at the Chillicothe VA since 2007. I live in Pickerington, Ohio, and have four children. I was a veterinarian and co-owned a small animal practice in my previous career. I enjoy walking for exercise, and am a member of the cadre of "tunnel walkers" we have here at the VA.

**Laura Smith, Ph.D. (clinical)**, University of Kentucky, 2004. Assignment: Associate

Training Director of Psychology Internship Program, Pain Management Clinic. Theoretical orientation: Cognitive Behavioral. Clinical interests: Behavioral medicine, pain management, biofeedback training, Motivational Interviewing, mindfulness meditation and relaxation training, and weight loss. Teaching and supervision interests: same as clinical interests. Professional organizations: APA. Also: I have been with the VA since 2003. I worked with spinal cord injured veterans for five years in the SCI/D long-term care unit at the Hines VA Hospital (near Chicago), after having completed my internship at the same hospital. I supervised interns, postdocs, and pre-licensure psychologists during that time. VA certified provider in CBT for Depression, Motivational Interviewing, and CBT for Chronic Pain; training consultant for CBT for Chronic Pain. I live in Circleville and am the mother of two small children and two poodles (one big, one small). My self-care activities include mindfulness, humor, and daily exercise (yoga, cardio, walking).

**Robert L. Taylor, Ph.D. (clinical)**, Bowling Green State University, 1998. Assignment: Chief Psychologist, Mental Health Care Line Manager. Theoretical orientation: Behavioral/Cognitive-Behavioral. Clinical interests: Assessment, administration. Teaching and supervision interests: biological psychology, personality. Also: University Appointments: Ohio University-Chillicothe (Adjunct.) I live in Chillicothe and have a wife, 2 children, and a collie mix. My interests include sports, particularly baseball and football. I enjoy outdoor activities such as gardening, camping, fishing, and hiking.

**Christopher Thomas, Pharm.D.**, Butler University, 2000. Assignment: Director of Clinical Pharmacy Residency. University Appointments: Clinical Associate Professor of Pharmacology at Ohio University College of Osteopathic medicine and UC college of pharmacy.

**Kimberly Wagner, Ph.D. (counseling)**, University of Akron, 2004. Assignment: Primary Care – Mental Health Integration (PCMHI). Theoretical orientation: Cognitive Behavioral, Person-Centered, Feminist. Clinical interests: Motivational Interviewing, substance use issues, depression, anxiety, behavioral health. Teaching and supervision interests: Same as above, plus developmental growth of trainees. I joined the VA in 2016 after working in a variety of settings including private practice, outpatient substance abuse treatment, and academia. I live in Lancaster and spend my time outside of work rehabbing an 1800s-era house with my husband under the watchful eye of our cat and dog.

**Randall B. Wenker, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 1998. Assignment: Outpatient Mental Health Clinic, EAP Coordinator. Theoretical orientation: Cognitive-Behavioral & Interpersonal. Clinical interests: Assessment, individual and group psychotherapy. Teaching and supervision interests: Didactic, supervision practicum, intern, post-doctoral students. Professional organizations: APA. VA EBT certification: ACT, CBT-I, IBCT, CPT. Father of two daughters. Owner/operator organic dairy farm. Other interests/pursuits: Health/nutrition/fitness, gardening, meditation/spirituality.

**Brooke Wright, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2007. Assignment: Lancaster CBOC Telehealth, Portsmouth and Marietta CBOCs. Theoretical orientation: Eclectic (Self-Psychology, Cognitive). Clinical interests: stress management, treatment of trauma (adult and childhood sexual trauma, combat trauma), pain management, tobacco treatment. Teaching and supervision interests: stress management/relaxation techniques, self-care. Professional organizations: American Psychological Association; Ohio Psychological Association. VA-certified provider in Cognitive Processing Therapy for PTSD, CBT for Chronic Pain, and Moving Forward: Problem Solving Therapy. Recreational interests include spending time with my family, travelling, landscaping, and cooking.

**Susan B. Young, Ph.D. (counseling)**, Indiana University, 1997. Assignment: Pain Management Clinic. Theoretical orientation: Feminist-Multicultural. Clinical interests: trauma, socio-cultural influences on rapport in and utilization of mental health treatment, pain management, chronic disease, biofeedback training, meditation and relaxation training. Teaching and supervision interests: developmental approaches to supervision, neuroplasticity, holistic and biopsychosocial models for pain, stress, and chronic disease. Professional organizations: APA. VA certified provider in CBT for Chronic Pain, trained in biofeedback, and a Level 1 teacher-in-training in iRest yoga nidra meditation. Before starting work at the VA in January 2016, I worked in private practice for six years in Athens, OH. Before that, I worked as staff psychologist at two different university counseling centers, serving as graduate student training and group coordinator in my first job and training director in my second; developed and coordinated eating disorders treatment teams in both centers, and championed best practice treatment for LGBT people, including starting a coordinated team approach to treatment for transgender individuals and running a transgender support group for many years. I live near Glouster, OH, with the love of my life in an intentional community and we have three adult children. I am an avid gardener and seed saver, and helped start a non-profit seed company as well as do gardening/cooking education in Athens in order to improve food security and chronic health concerns in the southeast Ohio region.

### *Inactive Training Staff for 2017-18*

**Laura Fox, Ph.D. (clinical)**, Ohio University, 2008. Assignment: Home Based Primary Care. Ancillary clinical duties: Healthy Hearts Program. Theoretical orientation: Cognitive Behavioral, eclectic. Clinical interests: health psychology/behavioral medicine, cognitive assessment, pain management, interdisciplinary consultation/collaboration, and adult ADHD. Teaching and supervision interests: same as clinical interests. Professional organizations: American Psychological Association; Ohio Psychological Association. VA-certified provider in CBT for Chronic Pain. I live in Athens, Ohio with my husband, sons, and large (fabulous) dog. Recreational interests include hiking, playing tennis, vegetarian cooking, knitting, and spending time with family.

**Melissa Horn, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2007. Assignment: Home Based Primary Care. Theoretical orientation:

Cognitive Behavioral, existential. Clinical interests: Health Psychology, psychocardiology. Teaching and supervision interests: Health Psychology and Geriatrics. Certified in the PAIRS method of couples counseling.

**Megan Nichols, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2014. Assignment: Home Based Primary Care. Ancillary clinical duties: Compensation and Pension (C&P) Examinations. Theoretical orientation: Cognitive Behavioral, eclectic. Clinical interests: behavioral medicine, severe mental illness, interdisciplinary care. Teaching and supervision interests: behavioral medicine, cognitive assessment, interdisciplinary care. VA certified provider in Cognitive Processing Therapy (CPT) for PTSD. I currently live in Bellbrook, Ohio with my husband, young son, and two Yorkshire terriers (full house!). My hobbies include: spending time with my family, traveling, and organizing...*anything*.

#### ***Recent Application and Trainee Information***

Year	Applications	Interviews	Programs
2012-13	22	18	1. California School of Professional Psychology of Alliant International University 2. Wright State University School of Professional Psychology 3. Argosy University, Washington, D.C.
2013-14	28	22	1. Wright State University School of Professional Psychology (2 students) 2. Argosy University, Twin Cities
2014-15	56	37	1. Alliant University- Los Angeles 2. University of Indianapolis 3. Fielding Graduate University in Maryland
2015-16	29	22	1. Wright State University School of Professional Psychology 2. Argosy University, Washington, D.C. 3. Midwestern University in Illinois
2016-17	73 (phase I) 33 (phase II)	43 (phase I) 29 (phase II)	1. Marshall University 2. Minnesota School Prof Psych, Argosy-Twin Cities 3. Carlos Albizu University-San Juan Campus 4. Carlos Albizu University-Miami Campus 5. Immaculata University

#### ***Local Information***

Chillicothe and Ross County are blessed with abundant historical and recreational opportunities for people of all ages. We boast one of the best small-town museums in the nation that recently opened a \$1 million addition. We have five state parks within a 30-minute drive of the city. We have biking and hiking paths, including one atop our levee alongside the Scioto River. We have the premier outdoor drama in the United States in "Tecumseh!" We have the Chillicothe Paints baseball team - members of the top collegiate wood bat league in the country. And there's much, much more. Below are links to the websites of many of those attractions. We hope you'll join us and take advantage of our southern Ohio hospitality.



Ross-Chillicothe Convention & Visitors Bureau  
<http://www.visitchillicotheohio.com/>

Adena State Memorial  
<http://www.adenamansion.com/>

Hopewell Culture National Historical Park  
<http://www.nps.gov/hocu/index.htm>

Ross County Historical Society  
<http://www.rosscountyhistorical.org/>

Tecumseh! Outdoor Drama  
<http://www.tecumsehdrama.com/>

Chillicothe.com  
<http://www.chillicothe.com/>

Pump House Center for the Arts  
<http://www.pumphouseartgallery.com/>

Chillicothe Paints Baseball  
<http://www.chillicothepaints.com/>

Tri-County Triangle Trail  
<http://www.tricountytriangletrail.org/>

Ohio State Fair  
<http://ohiostatefair.com/>

Ross County Fairgrounds  
<http://rosscountyfair.com/>

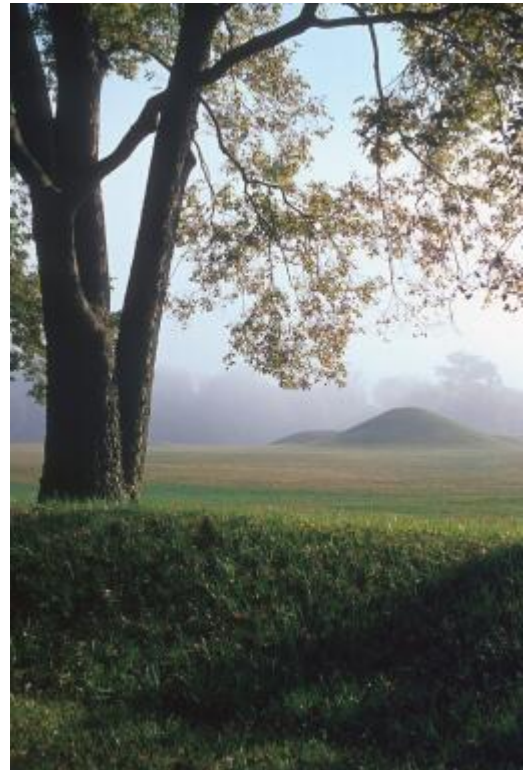
**Check out our nearby state parks:**

Hocking Hills  
<http://www.hockinghills.com/>

Scioto Trails  
<http://www.dnr.state.oh.us/tabid/787/Default.aspx>

Great Seal  
<http://www.dnr.state.oh.us/tabid/738/Default.aspx>

Paint Creek  
<http://www.dnr.state.oh.us/tabid/776/Default.aspx>



Tar Hollow

<http://www.dnr.state.oh.us/tabid/792/Default.aspx>

Pike Lake

<http://www.dnr.state.oh.us/parks/tabid/777/Default.aspx>

Lake White

<http://www.dnr.state.oh.us/parks/tabid/760/Default.aspx>

Rocky Fork

<http://www.dnr.state.oh.us/tabid/784/Default.aspx>

